# SUPPLEMENT
TO THE
# BRITISH MEDICAL JOURNAL

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## British Medical Association

### MEDICO-POLITICAL ACTIVITIES

A meeting of the Medico-Political Committee of the Association was held, under the chairmanship of Dr. J. W. Bone, on March 13th. The resignation of Dr. J. Cohen from the committee as a result of his appointment as a regional medical officer to the Ministry of Health was accepted with regret.

#### The Llanelly and District Dispute

The various resolutions of Council on the subject of the dispute at Llanelly were reported to the committee, together with a recommendation from the small committee to which the matter has been delegated asking that financial support might be afforded from the Central Emergency Fund of the Association in respect of the consultative and medical services scheme launched by the profession in that area. The Medico-Political Committee agreed as to the amount of the grant and the provisional period over which the assistance was to be extended, also as to the conditions, which were that the grant should be equivalent, up to a certain maximum, to the amount contributed locally towards the service, and that it should be subject to a periodical report and balance sheet. This assistance has only in view the maintenance of an adequate consultative service, which, in the Council's judgement, is of great importance.

#### Public Medical Services

Reports from two meetings of the Public Medical Services Subcommittee were submitted by its chairman, Dr. Pooler. He said that a deputation had been received from pharmacists who desired it made more clear in the model rules for these services that arrangements might be made with them when the practitioners did not themselves desire to undertake dispensing. It was agreed to insert a footnote to the model scheme to that effect and to make a more extended statement in the explanatory memorandum.

Several questions had been asked from the South Suffolk Division in view of the projected establishment of a public medical service for Ipswich. One of them was as to whether friendly societies might make their contributions *en bloc* to the public medical service. The subcommittee saw no objection to this procedure provided the usual requirements were satisfied—namely, that the contract was between patient and practitioner, with free choice on both sides, and that the payments by the friendly societies were not less than those agreed to and collected by the service in similar individual instances.

One recommendation from the subcommittee was that a certain sum should be spent in investigating various methods of publicity which might legitimately be employed on behalf of public medical services. Dr. Bone said, however, that the Association had been in touch with publicity agents, who were not able to tell them anything they did not know already, and in his view the proposed expenditure would be a waste of money. The recommendation was negatived.

#### Suggested Family Doctor Service for Persons of Moderate Income

A wider issue of principle was opened up by a proposal from the London Provident Medical Service to provide a family doctor service on a contract contributory basis for persons of moderate income—that is, above the national health insurance limit of £250. The proposed subscription rates were set out for three classes, according to the amount of family income, from £250 to £550.

In this connexion reference was made to the resolution of the Representative Body in 1920, where it was laid down that persons with a total income of £250 upwards, or the dependants of such persons, should not be treated under contract terms. It was considered now whether it would be appropriate to recommend an addition to that resolution, "unless such terms have been agreed by the profession in the area." The opinion in the Medico-Political Committee was divided on this subject. It was said of some areas that they were in favour, and of others that they were strongly against, any extension of contract practice to the more highly paid community. After some debate the committee decided not to make any recommendation. It was understood, of course, that this would not preclude a Division from sending a resolution up to the Annual Representative Meeting to rescind the 1920 resolution or to allow local option.

#### Elections to the General Medical Council

Sir Henry Brackenbury attended by invitation when the method of election of direct representatives for England and Wales to the General Medical Council came up for further discussion. The question was whether the selection of candidates should be made purely an Association matter or should remain one in which, in form at least, the whole profession was invited to participate. Sir Henry Brackenbury said that he had no set views in opposition to the existing procedure. Nobody wanted to go back to the old haphazard method of nomination, but in view of the anomalies—chiefly anomalies on paper—

attaching to the present procedure, whereby it was required that meetings of the whole profession should be called, it might be desirable to run, frankly, Association candidates. Of course, such candidates when elected would not represent the Association on the G.M.C., but the whole profession whose suffrages they had sought.

The committee unanimously agreed to recommend an alteration of the rule which requests the Divisions to call meetings of the whole profession in their areas so that such meetings would be of members only, and it was also agreed to ask the Scottish and Irish Committees for their observations with a view to the same arrangement in their countries.

### The Poisons Rules

What the Chairman described as a difficult and complicated matter was brought forward in connexion with the rule of the Poisons Board whereby a medical practitioner who wishes to purchase any scheduled poison has to sign the book or provide a signed order—a requirement likely to cause inconvenience to dispensing practitioners in view of the large number of drugs now included in the schedule. He said that unfortunately it seemed that members of the profession had got accustomed to the signed order, so that no serious opposition was manifested. His had been a lone voice of protest on the Poisons Board itself.

A letter had been sent to the secretary of the Poisons Board on the subject, but beyond that the committee did not feel that anything effective could be done.

### Coroners' Law and Death Certification

A small subcommittee was set up to consider the preparation of evidence on behalf of the Association to the departmental committee recently appointed to report upon the law and practice regarding coroners' inquests. This subcommittee will also have under consideration the question, which appears to be giving rise to concern in many parts of the country, as to the employment by coroners of pathologists to conduct post-mortem examinations to the exclusion of the practitioner who was in attendance upon the deceased person. In 1925 also the Association revised its policy in regard to coroners' law, and material parts of that policy were embodied in the Act of the following year, but some points were not dealt with, such as the proposal that the office of coroner should be made administrative and be placed under the control of the Minister of Health, or again, that a special medical officer should be appointed by the county council for every coroner's district or group of districts to make examinations and reports and give assistance in all cases in which the coroner required medical help beyond that which medical witnesses could afford.

### Medical Treatment for Police

The committee gave consideration to the resolution of the last Annual Representative Meeting asking the Council to consider the issue of a circular letter to Branches and Divisions explaining the regulations governing the medical treatment of members of the police forces and indicating what steps might be taken to safeguard the interests of the profession.

It was agreed that there should be circulated to Branches and Divisions the sufficient information embodied in the Statutory Rules and Orders as to the responsibility of police authorities to provide special medical treatment for members of the force.

### Medical Referees in Workmen's Compensation Cases

A complaint having been raised by a member of the Association that medical referees were not being employed under the Workmen's Compensation Act in the manner contemplated when the Act was passed, inquiry had been made of the Home Office, and certain statistics had been furnished showing the extent to which the services of medical referees had been employed during recent years. It was urged in particular by the complaining member that the Act provided (Schedule 1 (5)) that the county court judge might, in his discretion, summon a medical referee, but there was a great range in the frequency with which judges acted on that provision. The figures from the Home Office showed that 448 referees were employed under that section in 1928, and similar numbers in succeeding years, the number in 1932 being 439. Under section 43 (1) (*f*), which provides that if the employer or workman is aggrieved by the action of the certifying or other surgeon the matter might be referred to a medical referee, such referees acted in 1,530 cases in 1932; under section 19, by which in the absence of agreement between the parties, reference may be made to a medical referee, 5,071 cases were referred in that year; and under section 23 (3), whereby the judge is empowered to require a report as to the workman's condition from a medical referee, the number of cases was 185.

It was the view of the committee that the information did not establish the complaint of the member.

### Approved Practitioners under Mental Treatment Act

Correspondence with the Society of Medical Officers of Health was reported to the committee with regard to whole-time medical officers acting as "approved practitioners" under the Mental Treatment Act, in particular one such officer whose name was included in the list with his private address attached. The council of the society agreed that except in special circumstances the names of whole-time medical officers of health should not be included in this list. It was agreed by the committee to ask the society to deal with the specific instances which have arisen.

### Birmingham Corporation Bill

It was reported that a petition had been presented by the Association to a committee of the House of Lords which was hearing objections to the Birmingham Corporation (General Powers) Bill. As regards the proposal of the Corporation that the fee for notification of actual or suspected food poisoning shall be one shilling for private practitioners, and that there shall be no fee at all for institution medical officers, the Association in its petition submitted that a fee of 2s. 6d. should be paid for each notification by a private practitioner, and of 1s. for each notification by a medical officer. It was reported to the committee that the Birmingham Corporation had agreed to amend the Bill so as to authorize the payment of fees on the lines submitted by the Association in its petition. Thus, the Association's intervention in this matter had been completely successful.

## CURRENT NOTES

### Poor Persons Procedure: Practitioners Willing to Co-operate in Respect of Nullity Suits

The secretary of the Law Society has asked for the co-operation of the British Medical Association in regard to the difficulty which sometimes occurs in the provinces in obtaining examinations and medical evidence for "poor persons" in respect of nullity suits on medical grounds. The Law Society, its committees throughout England and Wales, and the solicitors and barristers do the work gratuitously, and in London there are also certain medical men on an official list who are prepared to examine and give evidence without fee. Efforts have been made previously to obtain the help of medical men in the provinces in this respect, but the response has not fulfilled expectations, the result being that poor litigants are occasionally unable to proceed with their cases. The total number of cases dealt with in any one year is usually quite small. The Medico-Political Committee of the Association has had the matter under consideration and is sympathetic towards the proposal. Practitioners in the provinces who are interested and prepared to offer their services are therefore urged to get into touch with the secretary of the Law Society, Law Society's Hall, Chancery Lane, W.C.2, or with the Medical Secretary of the Association, B.M.A. House, Tavistock Square, W.C.1.

# THE INSURANCE MEDICAL SERVICE WEEK BY WEEK

## Certification During Pregnancy

The West Ham Insurance Committee has observed the note in this column on March 9th on the scope of an insurance committee's work. The question of payments to women during pregnancy had been raised at the London Insurance Committee upon a memorandum submitted by the West Ham Insurance Committee, which now wishes to remove an erroneous impression that may have been created by the decision of the London committee that the question was not strictly germane to its functions.

The committee thinks it should be obvious to all who have read its representation to the Minister that it merely seeks the establishment of an agreed criterion of "incapacity for work" in pregnancy cases, and the observance of that criterion, when established, by all national insurance administrators. In other words, the question is one of certification, and is strictly germane to its functions. The committee recalls that the London Insurance Committee arranged conferences a short while ago at which this very question of pregnancy certification was discussed at some length with practitioners and approved society officials. For many years the insurance practitioners of the West Ham area have asked for a lead in this question of certification of pregnancy, and they are still asking. The Insurance Committee thinks that it is time something was done to find an answer, and has gone so far as to point out to the Minister the only direction, in its view, in which the solution of the problem should be sought. That direction is the one indicated in the recommendation of the Inter-Departmental Committee on the Co-ordination of Administrative and Executive Arrangements for the grant of assistance from public funds on account of sickness, destitution, and unemployment (Cmd. 2011, 1924, page 65, recommendation I). The recommendation quoted has never been carried into effect in so far as the certification of insured pregnant women is concerned. The West Ham committee feels that its suggestion of a remedy for what is undoubtedly a most undesirable condition of affairs in relation to the medical certification section of its contracts with insurance practitioners for the medical attendance and treatment of insured persons cannot be regarded as rendering the real point of its representation not strictly germane to its functions.

In connexion with these representations from the West Ham committee, it may be recalled that the Supplementary Report of the Insurance Acts Committee to the 1933 Annual Conference (see *Supplement* to the *Journal*, August 18th, 1934) refers to the lack of uniformity of practice among approved societies on the action taken on the certification of pregnancy in its relation to sickness benefit, and states: "This lack of uniformity of procedure has made the question one of difficulty for insured persons, doctors, and approved societies." It points out, too, that the attitude of employers, especially in special trades and callings, is also responsible for a certain amount of the existing confusion, as well as the advice tendered at antenatal clinics. It then reports agreement with representatives of the various groups of approved societies on criteria as governing the eligibility or otherwise of an insured pregnant woman for sickness benefit.

The Insurance Acts Committee, in its report to the 1934 Conference, observed that, so far as insurance practitioners were concerned, varying opinions existed as to the advisability of normal pregnant women continuing at work during the whole or any defined part of pregnancy, and these conflicting views resulted in varying standards of certification. The West Ham Insurance Committee, in the representations which it has been making, points out that the criteria agreed upon with the representatives of approved societies, while governing the adequacy or otherwise of the terms of a medical certificate, do not offer guidance to the practitioner with regard to the period of pregnancy at which he would be justified in certifying incapacity for work. It may be observed, however, that the action taken by the Insurance Acts Committee with a view to agreement with the approved societies was definitely described in the report to the 1934 Conference as "a first step towards remedying the situation," and the difficulties which, in the view of the West Ham committee, are felt by practitioners have by no means been lost sight of.

It may be of interest to quote one or two extracts from the report of the Inter-Departmental Committee to which reference has been made above:

It has been alleged that different medical standards have been adopted in determining physical and mental capacity under the health and unemployment insurance schemes respectively; that payment of health insurance benefit has been withheld from persons on the ground that they are not incapable of work, while the grant of unemployment benefit has been refused to the same persons on the ground that they are not capable of work; and that in consequence such persons have been deprived of benefits under both schemes at a time when the statutes clearly contemplated that provision would be made for them under one or other of the schemes.

It is recommended: That the Ministry of Health, the Scottish Board of Health, and the Ministry of Labour should consider the adoption of arrangements to prevent conflict of opinion as to physical or mental capacity to work under the health and unemployment insurance schemes, under which the insurance officer (in addition to a court of referees) should be empowered to refer an applicant for unemployment benefit to a medical referee for examination, and when the opinion of such referee differed from that already given by an insurance doctor the case should be referred to the regional medical officer of the Ministry of Health (or district medical officer of the Scottish Board of Health).

# Meetings of Branches and Divisions

### BIRMINGHAM BRANCH: DUDLEY DIVISION

A meeting of the Dudley Division was held at Stourbridge on February 19th, when Dr. CHARLES HILL (Assistant Medical Secretary) gave an address on "The Effects of Recent Legislation on Medical Practice." Dr. Hill dealt very fully with the changes brought about by the Local Government Act, 1929, involving the transfer of Poor Law administration from the guardians to the county council, especially showing how voluntary hospitals were rapidly being overtaken by the Poor Law infirmaries now transformed into public health hospitals. Dr. Hill urged the British Medical Association's policy of payment to the medical staff in all cases.

### HERTFORDSHIRE BRANCH: BARNET DIVISION

A meeting of the Barnet Division was held at Barnet on March 12th, when Mr. R. VAUGHAN HUDSON gave an address on "Difficulties in Diagnosis of Toxic and Non-toxic Goitre." A lengthy discussion followed an interval for refreshments. The meeting closed with hearty votes of thanks to Mr. Hudson, and to Dr. C. F. Hardie for accommodating the meeting.

### NORTHERN IRELAND BRANCH

At a meeting of the Northern Ireland Branch held on January 24th, with the president, Professor P. T. CRYMBLE, in the chair, Mr. H. L. HARDY GREER read a paper on "The Antenatal Care of the Expectant Mother, with Reference to the Prevention and Treatment of the Toxaemias of Pregnancy." Dealing first with the incidence of albuminuria, pre-eclamptic toxaemia, eclampsia, and nephritis, Mr. Greer quoted Cruickshank, Hewitt, and Cooper as finding 6.6 per cent. of cases of toxaemia in 23,630 cases—an incidence of 1 in 15. In Belfast, out of 2,551 patients attending the ante-natal clinic there were 164 cases of toxaemia—an incidence of 1 in 16. The following factors, in Mr. Greer's opinion, predisposed to the onset of toxaemia: (1) poor general hygiene; (2) unsuitable diet, either deficient in quantity and poor in vitamins, or over-rich and predisposing to acidosis; (3) constipation; (4) chronic focal sepsis, especially of the teeth, tonsils, or cervix uteri; (5) occurrence of acute infections such as colds, influenza, and sore throat. He emphasized the importance of preventing acidosis by diet and the routine use of an alkaline powder during the second half of pregnancy. In the interests of both mother and infant, Mr. Greer stated, the differential diagnosis between chronic nephritis and albuminuria of pregnancy was of the greatest importance. In

all but the most severe cases of albuminuria the chance of the mother being able to continue the pregnancy sufficiently long to secure a living baby without permanent impairment of her kidney function was reasonably good, whereas in cases of chronic nephritis the risk of miscarriage or premature still-birth was very high, and, except in the mildest cases, the chance of securing a living baby was remote. In any event the mother's kidney function was almost certain to suffer further, and possibly great, impairment. Once a diagnosis of chronic nephritis had been made it was his practice to advise termination of pregnancy, except in cases having no history of miscarriage or stillbirth, or of a nephritis of a clinically mild character giving satisfactory renal function tests. Mr. Greer said that experience of cases of hyperemesis gravidarum had led him to regard them as primarily of neurotic origin. He advocated early recognition, separation from over-sympathetic relatives, and intensive glucose therapy, the intravenous route being employed in severe cases.

An interesting discussion followed, in which Professor R. J. JOHNSTONE, Mr. T. S. S. HOLMES, Mr. C. H. G. MACAFEE, Dr. H. J. RITCHIE, and others took part.

### SOUTHERN BRANCH: PORTSMOUTH DIVISION

A meeting of the Portsmouth Division was held at Southsea on March 14th, when Dr. C. J. MAYHEW was in the chair and fifty members were present, of whom thirty sat down to the preceding supper.

Dr. CHARLES NEWMAN gave an address, illustrated by lantern slides, on "A New and Common Disease of the Gall-bladder." Dr. Newman first dealt with the anatomy of the gall-bladder and its ducts, and the lessons to be learnt from intubation. He described the causes of rise of pressure, and said that in his opinion overaction by vagus stimulation of the constrictor muscle in the ampulla of Vater was the frequent cause of gall-bladder troubles. Several members took part in the subsequent discussion. On the motion of Dr. G. L. ATTWATER, seconded by Dr. D. G. COOPER, a hearty vote of thanks was accorded Dr. Newman for his address.

### SUDAN BRANCH

The inaugural meeting of the Sudan Branch was held at the Kitchener School of Medicine on December 10th, 1934, when the following officers were elected:

*President*, Major Sir Robert G. Archibald, C.M.G., D.S.O. *Honorary Secretary and Treasurer*, Dr. D. R. Macdonald.

On the motion of the PRESIDENT the meeting unanimously decided to invite the Governor-General, Sir Stewart Symes, to become a complimentary member of the Branch, as a token of appreciation of the interest he had taken in tropical medicine. It was resolved to hold meetings on the second Monday of each month at the Kitchener School of Medicine at 6.30 p.m.

A meeting of the Sudan Branch was held at the Kitchener School of Medicine on January 14th.

The PRESIDENT referred to the loss sustained by the death of Dr. K. G. Fraser, who had spent the best part of his life building up a hospital and dispensary organization at Lui, of which the Sudan was justly proud. The president then welcomed the Governor-General, Sir Stewart Symes, and the guests of the evening, who included Mr. Hugh Lett and Professor Harold B. Day.

Sir ROBERT ARCHIBALD read a paper on "The Epidemiology and Endemiology of Kala-azar in the Sudan." He said the disease was endemic in villages in the Blue Nile district adjacent to the Abyssinian frontier, but was not found in the arid districts of the Sudan in areas where the rainfall was less than ten inches. It occurred in villages near rivers, rain ponds, and watercourses. The disease was not connected with the presence of cutaneous leishmaniasis or canine kala-azar. In endemic areas of kala-azar four cases of espundia (naso-pharyngeal leishmaniasis) had occurred. No animal reservoir of the parasite had so far been found either in wild or domestic animals. It was a disease of late childhood and early adult life, attacking both sexes, and a few cases had occurred among Europeans. It had a seasonal incidence, generally appearing two to three months after the rains.

In the Sudan it was unusual to find the parasites in the peripheral blood. Apart from the spleen and liver, parasites had also been found in nasal smears of five human cases of kala-azar. In monkeys infected with kala-azar the parasites multiplied in the reticulo-endothelial cells of the nasal mucosa. Parasites were found in nasal smears twenty-one days after a monkey had been infected intraperitoneally. Intravenous injection of saponin 0.1 gram in 5 c.cm. distilled water caused the parasites to disappear from the spleen of one infected monkey; they were still present, however, in its nasal smears. The possibility of kala-azar being transmitted from man to man via nasal discharges could not be ignored in view of what was known concerning the viability of the parasite. This method of infection would serve to explain the transmission of that type of nasobuccal leishmaniasis known as espundia.

A discussion followed, in which Dr. E. D. PRIDIE pointed out that the sand-fly theory had never found favour in the Sudan. Cross-infection might be expected if the sand-fly were the carrier, but this was unknown. He described a case in which a boy living in a town had been infected by relatives who came to visit him from an infected area. He also drew attention to the existence of uninhabited areas where visiting tribes and patrols became infected. These areas were well known to the natives, who avoided them. He suggested that animal carriers might be the explanation. Professor DAY inquired whether nasal swabs from cultures of leishmania had produced the disease in monkeys. Sir ROBERT ARCHIBALD replied that experiments were in progress to investigate this point. Dr. PRIDIE suggested that the close analogy with cerebro-spinal meningitis which Sir Robert's experiments pointed to might explain the immunity of natives living in infected areas. Dr. H. RICHARDS said there was strong evidence of the sand-fly being the carrier of dermal leishmaniasis, and quoted the experiments carried out in Transjordan. Dr. J. S. HOVELL suggested that water contamination might be a factor, since the disease was confined to districts with a rainfall of over ten inches.

A vote of thanks was accorded to Sir Robert Archibald for his interesting paper.

### SUFFOLK BRANCH: WEST SUFFOLK DIVISION

The annual meeting of the West Suffolk Division was held at West Suffolk General Hospital on February 15th, when Dr. J. W. E. CORY was in the chair.

The following officers were elected:

*Chairman*, Dr. J. F. Davidson. *Vice-Chairman*, Dr. J. W. E. Cory. *Secretary*, Dr. B. E. A. Batt. *Representative in Representative Body*, Dr. J. B. Alexander. *Deputy Representative in Representative Body*, Dr. H. M. Bird or Dr. Cory.

Dr. CHARLES HILL (Assistant Medical Secretary) then gave an address on "The Effect of Recent Legislation on Medical Practice." Dr. Hill dealt first with the increase in size and efficiency of municipal hospitals, and the effect which they were likely to have in the future upon the voluntary hospitals of the country. He then discussed the functions and staffing of ante-natal clinics, and his remarks brought home to his audience the difficulties of the present situation and the desirability of pressing for the British Medical Association's policy concerning the staffing of clinics by general practitioners. Turning to the question of public assistance patients and free choice of doctor, Dr. Hill gave a most interesting account of the schemes in existence in other areas, particularly Wiltshire, where the "free choice" method had been adopted. It was most valuable to have this "first-hand" news of a subject which had hitherto been considered only through circulars, and the interest aroused by Dr. Hill's address was evinced by the discussion which followed.

The CHAIRMAN expressed the thanks of the meeting to the lecturer, and stated that on his part, as chief medical officer for the county, it was a great help to have a free statement and discussion on all the subjects which Dr. Hill had raised.

### SURREY BRANCH: RICHMOND DIVISION

A meeting of the Richmond Division was held at Richmond Royal Hospital on March 8th, when Lieut.-Colonel E. V. HUGO was in the chair.

Dr. LEONARD FINDLAY read a paper on "Acidosis and Alkalosis," which was followed by a discussion. On the motion of the CHAIRMAN a vote of thanks was accorded Dr. Findlay for his instructive paper.

### WILTSHIRE BRANCH: SWINDON DIVISION

A meeting of the Swindon Division was held at Swindon on February 27th, when Dr. F. LEWARNE was in the chair.

Dr. A. H. DOUTHWAITE gave a lecture on "Pyrexia of Obscure Origin," which was followed by a discussion. On the motion of Dr. E. R. WHEELER a vote of thanks was accorded Dr. Douthwaite for his address.

A silver salver was presented to Dr. J. Stevenson Logan, the retiring secretary, in appreciation of his services to the Division.

### YORKSHIRE BRANCH: GOOLE AND SELBY DIVISION

A meeting of the Goole and Selby Division was held at Goole on February 19th, when Dr. W. B. HILL was in the chair.

On the motion of the CHAIRMAN, seconded by Dr. J. P. O'DONNELL, the resolution concerning the scale of salaries for whole-time public medical officers was unanimously adopted.

Mr. J. FOSTER (Leeds) then read a paper on "Visual Failure: Its Causes and Treatment In and After Middle Age." A general discussion followed, and Mr. Foster replied to questions. On the motion of Dr. H. H. LAWRENCE a vote of thanks was accorded Mr. Foster for his address.

## POST-GRADUATE COURSES AND LECTURES

APRIL AND MAY, 1935

The following post-graduate courses and lectures, to be held in London during April and May, 1935, have been notified to the British Medical Association. Further particulars may be obtained direct from the hospitals concerned, or, in the case of arrangements made by the Fellowship of Medicine (F.M.), from the secretary of the Fellowship, at 1, Wimpole Street, W.1.

| Subject | Date | Place of Meeting | Nature of Instruction |
|---|---|---|---|
| Anaesthetics | From April 1 | West London Hosp. Post-Grad. College, Hammersmith Rd., W.6 | Course |
| " | From May 1 | " " | " |
| Cancer ... | April 4, 11 | Cancer (Free) Hospital, Fulham Road, S.W.3 | Lectures |
| Cardiology | April 10 | South-West London Medical Society, Bolingbroke Hosp., Wandsworth Common, S.W. | Lecture on the failing heart |
| " | May 4–5 | Victoria Park Hospital, E.2 | F.M. course |
| Chest Diseases | May 11–12 | Brompton Hospital, Fulham Road, S.W.3 | F.M. course |
| " | May 27–June 1 | Victoria Park Hospital, E.2 | F.M. course |
| Children's Diseases | April 1–13 | Infants Hospital, Vincent Sq., S.W.1 | F.M. course |
| Dermatology | April 29–June 1 | St. John's Hospital, 49, Leicester Square, W.C.2 | F.M. course |
| " | May | " " | Intensive course |
| General ... | April 29–May 11 | Royal Waterloo Hospital, Waterloo Road, S.E.1 | F.M. course |
| Gynaecology | May 27–28 | Chelsea Hospital for Women, S.W.3 | F.M. course |
| Medicine ... | April 11 | Princess Beatrice Hospital, S.W.5 | Lecture on the acute abdomen |
| Neurology | April 4 | King's College Hospital Medical School, Denmark Hill, S.E.5 | Lecture on chorea |
| Nose, Ear, and Throat | April 13 | Princess Beatrice Hospital, S.W.5 | F.M. demonstration |
| Obstetrics | May 2–26 | City of London Maternity Hospital, City Road, E.C.1 | F.M. course |
| Ophthalmology | From April 1 | Royal Eye Hospital, St. George's Circus, S.E.1 | Course in elementary ophthalmology |
| " | April 1–12 | " " | F.M. course |
| Proctology | May 20–25 | Gordon Hospital, Vauxhall Bridge Road, S.W.1 | F.M. course |
| " | April 8–13 | St. Mark's Hospital | F.M. course |
| Psychological Medicine | April 2, 9, 16 | Institute of Medical Psychology, 6, Torrington Place, W.C.1 | Lectures on mental testing |
| " | April 4, 11, 25 | " " | Lectures |
| " | From April 24 | " " | Course on psychophysical adaptation |
| " | May 2, 6, 9, 13, 16, 20, 23, 27, 30 | Institute of Medical Psychology, 6, Torrington Place, W.C.1 | Lectures |
| " | April 23–May 31 | Maudsley Hospital, Denmark Hill, S.E.5 | F.M. course |
| Surgery ... | May 8 | South-West London Medical Society, Bolingbroke Hosp., Wandsworth Common, S.W. | Lecture on obstructing prostate |
| Venereal Diseases | May 27–June 22 | London Lock Hospital, 91, Dean Street, W.1 | F.M. course |

Courses in general hospital practice may be begun at any time, and may be taken for any period, at the West London Hospital Post-Graduate College, Hammersmith Road, W.6.

In addition to the above courses the following for the higher qualifications have been arranged.

| Subject | Date | Place of Meeting | Degree or Diploma |
|---|---|---|---|
| Nose, Ear, and Throat | April 29–May 26 | Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1 | D.L.O. |
| Ophthalmology | From April 1 | Royal Eye Hospital, S.E.1 | M.R.C.P. |
| " | From May 6 | " " | D.O.M.S. |
| Public Health | From April 1 | Brook Hospital, Shooter's Hill, S.E.18 | D.P.H. (course in hospital administration) |
| Surgery ... | From April 15 | King's College, W.C.2 | Primary F.R.C.S. (course in anatomy and physiology) |

# Correspondence

### FILLING IN RECORD CARDS

SIR,—The majority of general practitioners, being panel practitioners, are faced with the necessity, as part of their contract, of filling in the record cards of insured persons on their panels. Not only must each attendance and visit be noted, but clinical notes, diagnosis, record of treatment given, as well as the panel certificates issued. This applies to cases of serious illness or trivial complaints, even to the giving of aperient pills.

Most panel practitioners adopt a routine in filling in these records. There is the conscientious practitioner who fills in each attendance at the time he sees the patient, or after he pays him a visit, to the more careless one who does it in his spare time from notes or memory. My own experience tells me that locums and assistants either fill in the cards carelessly or do not fill them in at all; consequently, on my return home from a hard-earned holiday, I have found that many hours have to be spent making up the deficiency.

Is it too much to ask that the various medical schools should arrange for some instruction to be given to their students before qualifying, so that, as the majority of them will engage in panel practice, they may have some knowledge of their duties? How many panel practitioners know that these record cards have to be produced in a court of law, and in cases of accident, etc., which involve legal proceedings, these records are always demanded? Would it not be well, seeing that the record cards are open to inspection in this manner, that the British Medical Association should take the matter in hand and advise practitioners as to the filling up of the cards?

One of my colleagues, a practitioner of over forty years' experience in general practice, had to listen to the judge making some very caustic comments on the record card produced in court in a case of compensation, remarks which were felt very keenly by my friend, whose record cards were most carefully kept.

From my own experience I venture to suggest to all who intend taking up a practice which includes a panel the following rules: (1) Mark in the appropriate columns each visit, attendance, and panel certificate given. (2) Insert diagnosis, but, if not sure, make it a provisional one. (3) Clinical notes should be strictly medical. (4) Nothing should be written on the cards that might give rise to difficulty or annoyance when and if the time came for these records to be examined by others. (5) Special care should be taken in cases of accident and industrial disease.

The experiences of other panel practitioners would be interesting and doubtless instructive to young medical men who are acting as, or intend to become, panel practitioners.—I am, etc.,

March 23rd. R. C. ROBERTSON.

### MULTIPLE PRESCRIPTION BOOKS

SIR,—Possibly I am exceptional in being a member of five separate panels, but there must be many doctors who are on two or three, and on behalf of all such downtrodden people I should like to plead for a new kind of prescription book. Wherever I go I have to carry these five books—quite a little parcel, which bulges my already overflowing bag. Moreover, I have to be sure to use the right one and to remember its peculiarities; for while three committees are content with single copies, one likes its forms in duplicate and the last goes solidly in for triplicate. Some prefer them in ink and others in pencil. Woe is me—how often have I fallen into error!

Cannot there be a form with a blank space in which the name of the committee can be inserted, so that I may be allowed to "tote" round just this one book, and given plenary absolution for not making carbon copies? Would the world come to an end at this reform, which would save my bag from bursting?—I am, etc.,

Sanderstead, Surrey, March 25th W. EDWARDS.

# Association Notices

## SIR CHARLES HASTINGS CLINICAL PRIZE

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money award of fifty guineas, is again open for competition in respect of 1936. The following are the regulations governing the award:

1. The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research, and record in general practice; it includes a money award of the value of fifty guineas.

2. Any member of the Association who is engaged in general practice is eligible to compete for the prize.

3. The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit no award will be made.

4. Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, Tavistock Square, London, W.C.1, not later than December 31st, 1935.

5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work.

6. If any question arises in reference to the eligibility of the candidate, or the admissibility of his or her essay, the decision of the Council on any such point shall be final.

7. Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto, and enclosing the candidate's name and address.

8. The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal*, or for presentation to the appropriate Section of the Annual Meeting of the Association.

9. Inquiries relative to the prize should be addressed to the Medical Secretary.

## BRANCH AND DIVISION MEETINGS TO BE HELD

ABERDEEN BRANCH: CITY OF ABERDEEN DIVISION.—At 29, King Street, Aberdeen, Monday, April 15th, 8.30 p.m. Special meeting to consider motion by Dr. E. R. C. Walker: "That as there now exists a definite demand for a public medical service in Aberdeen, steps be taken to inaugurate at the earliest possible opportunity such a service on the lines already approved by the Division."

BIRMINGHAM BRANCH: COVENTRY DIVISION.—At The Chase Hotel, Willenhall, Thursday, April 4th. 7.30 p.m., Supper. 8.30 p.m., Dr. Robert Hutchison: "Dyspepsia."

BIRMINGHAM BRANCH: NUNEATON AND TAMWORTH DIVISION. At Red Lion Inn, Atherstone, Tuesday, April 2nd. Dr. C. G. Teall: "Radiography of the Chest."

BIRMINGHAM BRANCH: WARWICK AND LEAMINGTON DIVISION.—Visit to Messrs. Cadbury Brothers, Bournville, Thursday, April 11th, 2 p.m.

BIRMINGHAM BRANCH: WEST BROMWICH AND SMETHWICK DIVISION.—At West Bromwich and District General Hospital, Edward Street, West Bromwich, Thursday, April 4th, 8.30 p.m. Agenda: B.M.A. proposals for provision of a public assistance medical service; post-graduate medical instruction for general practitioners; address by Professor K. Douglas Wilkinson, "Blood Pressure."

DERBYSHIRE BRANCH: CHESTERFIELD DIVISION.—At Maternity Home, Chesterfield, Friday, April 5th, 8.30 p.m. Short papers.

EAST YORKSHIRE BRANCH.—Joint meeting with Hull Medical Society at Guildhall, Hull, Friday, April 5th. Dr. Duncan White: "Deep X-Ray Therapy." Preceded by supper.

EDINBURGH BRANCH: EDINBURGH AND LEITH DIVISION.—At B.M.A. Scottish House, 7, Drumsheugh Gardens, Edinburgh, Thursday, April 4th, 8 p.m. Clinical meeting. Films: The Science and Art of Obstetrics; Gall-bladder Contraction and Evacuation caused by the Hormone "Cholecystokinin"; Colles's Fracture.

GLASGOW AND WEST OF SCOTLAND BRANCH: LANARKSHIRE DIVISION.—At Western Infirmary, Glasgow, Wednesday, April 3rd, 3.30 p.m. Dr. J. B. Gaylor: Clinical demonstration on nervous diseases.

HERTFORDSHIRE BRANCH: EAST HERTFORDSHIRE DIVISION.—At Chequers Hotel, Bishop's Stortford, Wednesday, April 3rd, 8 p.m. Lord Horder: "Misleading Signs and Symptoms."

LANCASHIRE AND CHESHIRE BRANCH: SALFORD DIVISION.—At Ladywell Sanatorium, Eccles New Road, Salford, Tuesday, April 2nd, 8.30 p.m. Dr. Hagh M. Morris: "Revealed by X Rays."

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—At Metropolitan Hospital, Kingsland Road, E., Tuesday, April 2nd, 9.30 p.m. Mr. J. E. H. Roberts: "Some Points in Diagnosis and Treatment of Empyema and Bronchiectasis." At Park Lane Hotel, W., Thursday, April 4th, 8.30 p.m. Annual dinner-dance.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—At Catford Town Hall, Tuesday, April 2nd, 8.45 p.m. Mr. N. Eckhoff: "Diseases of the Colon."

METROPOLITAN COUNTIES BRANCH: NORTH MIDDLESEX DIVISION.—At North Middlesex County Hospital, Silver Street, Edmonton, N., Wednesday, April 3rd, 3.30 p.m. Clinical meeting.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.—At Hounslow Council Offices, Tuesday, April 2nd. 8.45 p.m., General business. 9 p.m., Dr. D. T. Davies: "Pneumonia."

SOUTH-WESTERN BRANCH: BARNSTAPLE DIVISION.—At Imperial Hotel, Barnstaple, Friday April 5th, 3.45 p.m. Demonstration on several cases from orthopaedic clinic by Mr. N. Capener.

SURREY BRANCH: REIGATE DIVISION.—At East Surrey Hospital, Redhill, Tuesday, April 2nd, 8.45 p.m. Dr. J. J. Conybeare: "The Dyspepsias."

## TABLE OF OFFICIAL DATES

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| April 3, Wed. | Council. |
| April 13, Sat. | Last day for receipt at Head Office of Clinical Papers by Medical Students and Newly Qualified Practitioners. |
| April 20, Sat. | Publication of Annual Report of Council in *B.M.J. Supplement*. |
| April 27, Sat. | Last day for receipt at Head Office of Nominations: (i) by a Division or by not less than 3 Members, for election of 24 Members of Council by grouped Branches in the British Isles; (ii) for election of 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body. |
| May 11, Sat. | Publication in *B.M.J. Supplement* of list of Nominations for election of (i) 24 Members of Council by grouped Branches in the British Isles; (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body. Voting Papers posted from Head Office where there are contests in above elections. Applications for Scholarships and Grants must be received at Head Office by this date. |
| May 13, Mon. | Motions by Divisions and Branches for A.R.M. Agenda on matters of which two months' notice must be given must be received at Head Office by this date. |
| May 18, Sat. | Publication in *B.M.J. Supplement* of Motions and Amendments by Divisions and Branches for A.R.M. on matters of which two months' notice must be given. Representatives and Deputy Representatives must be elected by this date. Last day for receipt at Head Office of Voting Papers for election, where there are contests, of (i) 24 Members of Council by grouped Branches in the British Isles; (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body. |
| June 1, Sat. | Publication in *B.M.J. Supplement* of result of election of Members of Council by grouped Branches, and result of election of Members of Council and representatives in Representative Body by Public Health Service members. Nomination Papers available (on application at Head Office) for election of 12 Members of Council by grouped Representatives (British Isles). |
| June 5, Wed. | Council. |
| June 6, Thurs. | Names of Representatives and Deputy Representatives must be received at Head Office by this date. |

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| June 22, Sat. | Publication of Supplementary Report of Council in *B.M.J. Supplement.* |
| July 3, Wed. | Other items for inclusion in A.R.M. printed Agenda must be received at Head Office by this date. |
| July 19, Fri. | Annual Representative Meeting, London. |
| July 20, Sat. | Annual Representative Meeting, London. |
| July 22, Mon. | Annual Representative Meeting, London. Council. |
| July 23, Tues. | Annual Representative Meeting; Annual (Business) General Meeting; London. Council. |
| July 24, Wed. | Conference of Honorary Secretaries, London. |
| Sept. 10, Tues. | Adjourned Annual General Meeting; President's Address; Melbourne. |
| Sept. 11, Wed. | Meetings of Sections, etc., Melbourne. |
| Sept. 12, Thurs. | Meetings of Sections, etc., Melbourne. Annual Dinner of the Association, Melbourne. |
| Sept. 13, Fri. | Meetings of Sections, etc., Melbourne. |

## Naval and Military Appointments

### ROYAL NAVAL MEDICAL SERVICE

Surgeon Captain K. H. Hole, O.B.E., to the *Pembroke*, for Royal Naval Hospital, Chatham.

Surgeon Commander E. Heffernan to the *Drake*, for Royal Naval Barracks.

Surgeon Lieutenant Commander J. M. Sloane to the *Victory*, for Royal Naval Barracks.

The seniority of Surgeon Lieutenant J. G. Slimon has been antedated to January 15th, 1933.

Surgeon Lieutenant C. P. Collins to the *Lupin*.

S. J. van Pelt and A. P. C. Clark have entered as Surgeon Lieutenants for short service, and have been appointed to the *Victory*, for Royal Naval Hospital, Haslar.

### ROYAL NAVAL VOLUNTEER RESERVE

Probationary Surgeon Sublieutenant C. P. Nicholas to the *Rodney*.

### ROYAL AIR FORCE MEDICAL SERVICE

Wing Commander D'A. Power, M.C., to D.M.S. Department of A.M.P., Air Ministry, for medical staff duties, vice Group Captain A. Grant, M.B.E.

Squadron Leader F. L. White to D.M.S. Department of A.M.P., Air Ministry, for medical staff duties, vice Wing Commander D. McLaren.

Flight Lieutenant T. C. Macdonald has been granted a permanent commission in this rank.

Flight Lieutenants A. S. Burns to No. 99 (B) Squadron, Mildenhall; M. T. O'Reilly to Station Headquarters, Worthy Down; P. D. Barling to R.A.F. General Hospital, Hinaidi, Iraq; P. J. McNally to R.A.F. Institute of Pathology and Tropical Medicine, Halton.

Flying Officer H. F. Harvey to No. 2 (Indian) Wing Station, Risalpur, India.

### TERRITORIAL ARMY

#### ROYAL ARMY MEDICAL CORPS

Captains O. F. W. Robinson and K. V. Milburn to be Majors.
Lieutenants N. McLeod and C. H. Johnson to be Captains.

### INDIAN MEDICAL SERVICE

Colonel H. C. Buckley, Inspector-General of Civil Hospitals, Bihar and Orissa, has been duly nominated by the Government of Bihar and Orissa under Clause (*a*) of Subsection (1) of Section 3 of the Indian Medical Act, 1933 (XXVII of 1933), as a member of the Medical Council of India, vice Lieut.-Col. P. S. Mills, resigned.

Lieut.-Cols. J. Kirkwood and W. A. Mearns retire from the Service.

Lieut.-Col. J. M. R. Hennessey, Civil Surgeon, Jubbulpore, has been appointed to officiate as Inspector-General of Civil Hospitals, Central Provinces, as from May 9th, vice Colonel N. M. Wilson, granted leave.

Lieut.-Col. D. H. Rai, M.C., professor of pharmacology and therapeutics, King Edward Medical College, Lahore, has been appointed to officiate as Inspector-General of Civil Hospitals, Punjab, vice Colonel C. H. Reinhold, M.C., granted leave.

Major R. G. Dani resigns from the Service.

Captains G. M. Irvine, D. Kelly, and S. D. Gupta to be Majors.

Lieutenant (on probation) B. F. B. Russell to be Captain (on probation).

G. R. C. Palmer to be Lieutenant (on probation).

The services of Dr. M. D. Soparker, an officer of the Medical Research Department, have been placed temporarily at the disposal of the Government of Bombay for appointment as officiating Assistant Director, Haffkine Institute, Bombay, as from December 1st, 1934.

## British Medical Association

*OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE*
*TAVISTOCK SQUARE, W.C.1*

### Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).
MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).
EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitiology Westcent, London).
*Telephone numbers of British Medical Association and British Medical Journal*, Euston 2111 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)
IRISH MEDICAL SECRETARY: 18, Kildare Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550 Dublin.)

### Diary of Central Meetings

MARCH

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| 29 | Fri. | Consulting Pathologists Group Committee, 3.45 p.m. |

APRIL

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|---|---|---|
| 1 | Mon. | Training of Teachers Subcommittee, 2.30 p.m. |
| 2 | Tues. | Physical Education Committee, Games Subcommittee, 2.30 p.m. |
| 3 | Wed. | **Council**, 10 a.m. |
| 4 | Thurs. | Physical Education Committee, Foreign Subcommittee, 3 p.m. |
| | | Relation of Alcohol to Road Accidents Subcommittee, 4.30 p.m. |
| 5 | Fri. | Spa Practitioners Group Committee, 2.30 p.m. |
| 12 | Fri. | Vaccination and Immunization Subcommittee, 2 p.m. |
| 24 | Wed. | Grants Subcommittee, 2.15 p.m. |
| 25 | Thurs. | Medical Students and Newly Qualified Practitioners Subcommittee, 3.45 p.m. |

## DIARY OF SOCIETIES AND LECTURES

### ROYAL SOCIETY OF MEDICINE

*Section of Medicine.*—Tues., 4 p.m. Clinical Meeting at Westminster Hospital. Cases will be shown.

*Section of Orthopaedics.*—Tues., 5.30 p.m. (Cases at 4.30 p.m.)

*Section of History of Medicine.*—Wed., 5 p.m. Exhibit by Dr. Tom Hare: An Eighteenth Century Apothecary's Pressed-horn Snuff-box. Paper by Professor A. S. Yahuda: Medical References in the Books of Moses as Illustrated by Egyptian Papyri. A discussion will follow, in which Sir Grafton Elliot-Smith, Mr. Warren R. Dawson, and others will take part.

*Section of Surgery.*—Wed., 8.30 p.m. Discussion: Traumatic Shock. Openers, Mr. R. L. Holt, Dr. David Slome, and Sir Henry Dale.

*Section of Neurology.*—Thurs., 7 p.m. Dinner Meeting at Mayfair Hotel to mark the centenary of Hughlings Jackson's birth. 8.30 p.m., Informal talk by various speakers, including Professor E. Bramwell, Sir E. Farquhar Buzzard, Dr. Wilfred Harris, Dr. James Taylor, and the President, Dr. S. A. Kinnier Wilson.

BRITISH RED CROSS SOCIETY, 9, Chesham Street, S.W.—*Wed.*, 5.30 p.m., Lecture on First Aid in Chemical Warfare.

BRITISH RED CROSS SOCIETY'S CLINIC FOR RHEUMATISM, Peto Place, N.W.—*Thurs.*, 8.30 p.m. Mr. A. E. Mortimer Woolf: Some Surgical Conditions Mistaken for Rheumatism.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At De Vere Hotel, Kensington Road, W., *Fri.* 7.30 p.m., Dinner. 8.30 p.m., Discussion on Jaundice. To be opened by Dr. J. W. McNee.

BRITISH HOMOEOPATHIC SOCIETY, Homoeopathic Hospital, Great Ormond Street, W.C.—*Thurs.*, 5 p.m., Dr. T. G. Ross.

### POST-GRADUATE COURSES AND LECTURES

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—*Infants Hospital*, Vincent Square, S.W.: Course in Infants' Diseases, every afternoon. *Royal Eye Hospital*, St. George's Circus, S.E.: Course in Ophthalmology, every afternoon. *West End Hospital for Nervous Diseases*, In-patient Department, Gloucester Gate, N.W: Tues., 8.30 p.m., Special M.R.C.P. Demonstration of Fundus Oculi by Mr. Lindsay Rea. *Panel of Teachers:* Individual clinics in various branches of medicine and surgery are available daily. Courses, etc., are open only to members and associates of the Fellowship.

CANCER HOSPITAL (FREE), Fulham Road, S.W.—*Thurs.*, 4 p.m., Mr. C. Dee Shapland, Ophthalmological Examination in the Diagnosis of Malignant Disease.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—*Mon.*, 12 noon, Laboratory Demonstration, Dr. W. W. Payne, Diabetes, Complications. *Wed.*, 2 p.m., Lecture, Dr. D. Bateman, Gastro-intestinal Infection in Children. *Thurs.*, 12 noon, Laboratory Demonstration, Dr. A. Signy, Vulvo-vaginitis. *Fri.*, 12 noon, Lecture, Mr. A. Simpson-Smith, Acute Appendicitis in Children. Out-patient Clinics, mornings, 10 a.m. to 12 noon. Ward Visits, afternoons, 2 p.m. to 3.30 p.m. (except Wed.).

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.—*Thurs.*, 9 p.m., Dr. Macdonald Critchley, Types of Chorea.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION. — At Royal Samaritan Hospital for Women: *Wed.*, 4.15 p.m., Dr. John Hewitt, Gynaecological Cases.

LEEDS POST-GRADUATE CLINICAL DEMONSTRATIONS.—At Leeds General Infirmary: *Tues.*, 3.30 p.m., Dr. Vining, The Nervous Disorders of Childhood, with Special Reference to Conditions of Abnormal Behaviour.

LEEDS PUBLIC DISPENSARY AND HOSPITAL POST-GRADUATE COURSE.—*Wed.*, 4 p.m., Mr. L. N. Pyrah, Some Symptoms of Urological Disease.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: *Mon.* and *Thurs.*, 10.30 a.m. Maternity Hospital: *Mon.*, *Tues.*, *Wed.*, *Thurs.*, and *Fri.*, 11.30 a.m.

MANCHESTER: ANCOATS HOSPITAL.—*Thurs.*, 4.15 p.m., Dr. R. Ellis, Pleural Effusions and Associated Lung Lesions.

MANCHESTER ROYAL INFIRMARY.—*Tues.*, 4.15 p.m., Dr. D. Dougal, Ectopic Pregnancy. *Fri.*, 4.15 p.m., Dr. E. Bosdin Leech, Demonstration of Medical Cases.

SALFORD MUNICIPAL CLINIC (V.D.).—*Mon.* and *Thurs.*, 3.30 p.m., Dr. Burke, Gonorrhoea, Complications.

## VACANCIES

ASHTON-UNDER-LYNE: DISTRICT INFIRMARY.—Two H.S. Salary £150 p.a. each.

BELFAST: ROYAL MATERNITY HOSPITAL.—R.H.S. in charge of Rea Block (Isolation). Honorarium £26 p.a.

BIRKENHEAD GENERAL HOSPITAL.—(1) Hon. Assistant P. (2) Senior R.H.S. (male). Salary £150 p.a.

BIRMINGHAM CITY.—Whole-time J.M.O. (male) at Selly Oak Hospital. Salary £200 p.a.

BRIDGE OF WEIR: ORPHAN HOMES OF SCOTLAND AND COLONY OF EPILEPTICS.—Senior A.M.O. (male). Salary £400 p.a.

BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.—H.S. (male). Salary £120 p.a.

BRISTOL: COSSHAM MEMORIAL HOSPITAL.—Second R.M.O. (male). Salary £100 p.a.

BURNLEY: VICTORIA HOSPITAL.—(1) H.P. (2) H.S. Males. Salaries £150-£200 p.a. each.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—(1) Resident Anaesthetist and Emergency Officer. (2) H.S. Males, unmarried. Salary £130 p.a. each.

CHILD GUIDANCE COUNCIL, Woburn Place, W.C.—Two Fellowships in Psychiatry. Salary £300 a year.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.—H.P. (male). Salary £100 p.a.

COVENTRY AND WARWICKSHIRE HOSPITAL.—R.C.O. (male). Salary £125 p.a.

DARLINGTON MEMORIAL HOSPITAL.—H.S. (male) for the Aural and Ophthalmic Department. Salary £150 p.a.

DERBYSHIRE COUNTY COUNCIL.—Whole-time Assistant Maternity and Child Welfare M.O. (female). Salary £600-£25-£700 p.a.

DERBY: DERBYSHIRE ROYAL INFIRMARY.—C.O. and Orthopaedic H.S. Salary £150 p.a.

DEVONPORT: PRINCE OF WALES'S HOSPITAL.—Assistant H.S. (unmarried). Salary £100 p.a.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.—Senior H.S. (male). Salary £200 p.a.

DONCASTER ROYAL INFIRMARY.—H.S. to Ear, Nose, and Throat and Eye Departments. Salary £175 p.a.

DOVER: ROYAL VICTORIA HOSPITAL.—R.M.O. (male, unmarried). Salary £180 p.a.

EALING: KING EDWARD MEMORIAL HOSPITAL.—J.R.M.O. (male). Salary £150 p.a.

EAST HAM MEMORIAL HOSPITAL, Shrewsbury Road, E. — Anaesthetist. Honorarium £1 1s. per session.

EDINBURGH CITY.—Deputy M.O.H. Salary £900-£1,050 p.a.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—H.S. (male). Salary £150 p.a.

HARROGATE ROYAL BATH HOSPITAL.—R.M.O. (male). Salary £156 p.a.

HOME OFFICE: CHILDREN'S BRANCH.—Assistant Medical Inspector (female). Salary £515-£847 p.a.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—(1) Two Half-time Medical Registrars. (2) R.M.O. (unmarried). (3) R.S.O. (4) R.A.M.O. Salaries £150, £350, £150, and £150 p.a. respectively. (5) Three H.P. (6) H.P. (male) at Frimley Sanatorium. Honorarium £50 each.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale, W.—(1) R.M.O. (2) H.P. Salaries £150 and £100 p.a., respectively. (3) Hon. Assistant P.

HULL CITY MENTAL HOSPITAL, Willerby.—Third J.A.M.O. (unmarried). Salary £350-£25-£450 p.a.

HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—R.H.S. (female). Salary £105 p.a.

ILFORD: KING GEORGE HOSPITAL.—C.O. Salary £150 p.a.

INVERNESS-SHIRE COUNTY COUNCIL.—Local M.O. for the Parish of Duirinish, Skye. Salary £195 p.a.

IPSWICH COUNTY BOROUGH.—R.A.M.O. (female) at Heathfields Municipal Hospital, Heathfield House, and St. John's Home for Children. Salary £250 p.a.

KETTERING AND DISTRICT GENERAL HOSPITAL.—R.M.O. (male). Salary £200 p.a.

KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL.—Hon. S. Specialist to Ear and Throat Department.

LEAMINGTON SPA: WARNEFORD GENERAL HOSPITAL.—R.H.P. Salary £150 p.a.

LEICESTER ROYAL INFIRMARY.—Surgical Dresser. Honorarium 10s. 6d. per week.

LIVERPOOL CITY.—Two Temporary Junior Assistant Bacteriologists. Salaries £400 p.a. each.

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART.—H.P. Salary £100 p.a.

LIVERPOOL: ROYAL LIVERPOOL CHILDREN'S HOSPITAL.—Hon. Medical Psychologist.

LONDON LOCK HOSPITAL AND HOME, Harrow Road, W.—Anaesthetist.

MANCHESTER: ANCOATS HOSPITAL.—R.M.O. Salary £150 p.a.

MANCHESTER: CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE.—Assistant Radiological Officer. Salary £500 p.a.

MANCHESTER CITY.—J.R.A.M.O. (female, unmarried, Grade III) at Booth Hall Hospital, Blackley. Salary £200 p.a.

MANSFIELD AND DISTRICT HOSPITAL.—(1) Senior H.S. (2) H.S. Males. Salaries £200 and £150 p.a., respectively.

MARGATE: ROYAL SEA BATHING HOSPITAL.—H.S. (male). Salary £200 p.a.

MERTHYR GENERAL HOSPITAL.—R.H.S. Salary £150 p.a.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—Second H.S. (male, unmarried). Salary £150 p.a.

NATIONAL HOSPITAL, Queen Square, W.C.—R.M.O. Salary £200 p.a.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.—(1) R.M.O. (male). (2) Out-patient M.O. (non-resident, male). Salaries £150 and £125 p.a., respectively.

NEWPORT: ROYAL GWENT HOSPITAL.—J.R.M.O. (male). Salary £135 p.a.

NORTHWOOD: MOUNT VERNON HOSPITAL.—(1) H.S. Salary £150 p.a. (2) Assistant Radiologist.

NOTTINGHAM AND MIDLAND EYE INFIRMARY.—R.H.S. (male). Salary £200 p.a.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) H.P. (2) H.S. Males, unmarried. Salary £150 p.a. each.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St. Quintin Avenue, W.—(1) H.P. Salary £100 p.a. (2) Clinical Assistant to Out-patient Department.

READING: ROYAL BERKSHIRE HOSPITAL.—(1) H.P. (2) H.S. (3) H.S. for Ophthalmic and Ear, Nose, and Throat Departments. (4) C.O. Salaries £125 p.a. each.

ROYAL MASONIC HOSPITAL, Ravenscourt Park, W.—R.S.O. (male). Salary £250 p.a.

ROYAL NORTHERN HOSPITAL, Holloway Road, N.—(1) Radiologist. (2) Assistant Radiologist. Salaries £580 and £410 p.a., respectively.

ROYAL SOCIETY OF MEDICINE, Wimpole Street, W.—William Gibson Research Scholarship (female). Salary £292 p.a. for two years.

ST. JOHN'S HOSPITAL, Lewisham, S.E.—(1) R.M.O. (2) H.P. (3) C.O. Males. Salaries £200, £100, and £100 p.a., respectively.

ST. MARY'S HOSPITAL, W.—Medical Registrar. Salary £200 p.a.

ST. PAUL'S HOSPITAL FOR DISEASES (INCLUDING CANCER) OF THE GENITO-URINARY ORGANS AND SKIN, Endell Street, W.C.—H.S. Salary £150 p.a.

SEAMEN'S HOSPITAL SOCIETY, Greenwich, S.E.—A.M.O. (unmarried) at King George's Sanatorium for Sailors, Liphook. Salary £200 p.a.

SHEFFIELD CITY.—J.A.M.O. (male). Salary £200 p.a.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—(1) R.M.O. (2) H.S. and Resident Anaesthetist (male). Salaries £150 and £100 p.a., respectively.

SHEFFIELD: ROYAL INFIRMARY.—R.M.O. Salary £80-£100 p.a.

SOUTH MIDDLESEX AND RICHMOND JOINT HOSPITAL BOARD.—Medical Superintendent to the Board's infectious diseases hospitals. Salary £750 p.a.

STOKE-ON-TRENT: NORTH STAFFORDSHIRE ROYAL INFIRMARY.—H.S. for Aural and Ophthalmic Department. Salary £150 p.a.

STROUD GENERAL HOSPITAL.—R.M.O. Salary £150 p.a.

SUNDERLAND: ROYAL INFIRMARY.—Assistant Pathologist. Salary £400 p.a.

WALTHAMSTOW BOROUGH.—Part-time relief duty at the Infectious Disease Hospital. Remuneration £1 1s. per day.

WEST RIDING OF YORKSHIRE COUNTY COUNCIL.—(1) Senior Administrative Assistant to the County M.O. (2) School Medical Inspector. Salaries £1,000 and £500-£25-£700 p.a., respectively.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road, N.W.—(1) Senior R.H.S. (2) J.R.H.S. Salaries £150 and £100 p.a., respectively.

WILLESDEN GENERAL HOSPITAL, N.W.—(1) Hon. Physio-therapeutist. (2) Hon. Anaesthetist.

*This list is compiled from our advertisement columns, where full particulars are given. To ensure notice in this column advertisements must be received not later than the first post on Tuesday mornings. Further unclassified vacancies will be found in the advertising pages.*

## APPOINTMENTS

BACH, Francis J., D.M., B.Ch., Honorary Consulting Cardiologist, Charterhouse Rheumatism Clinic, 94, Harley Street, W.

CALTHROP, G. T., M.D., D.P.H., D.M.R.E., Additional Honorary Radiologist, Princess Beatrice Hospital, Richmond Road, S.W.

PINEY, A., M.D., M.R.C.P., Honorary Visiting Physician, St. Pancras Dispensary, N.W.

LONDON COUNTY COUNCIL.—The following appointments have been made at the hospitals indicated in parentheses. *Deputy Medical Superintendents, Grade II:* W. H. Kelleher, M.D., B.Ch., B.A.O., D.P.H. (Southern); W. G. Sears, M.D., B.S. (St Charles's).

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.—*Obstetric Surgeon to Out-patients:* William C. W. Nixon, M.D., F.R.C.S., M.C.O.G. *Honorary Anaesthetists:* Denzil Lewis, M.R.C.S., L.R.C.P., Keith M. Woodruff, M.B., B.S.

CERTIFYING FACTORY SURGEONS.—R. M. S. McConaghey, M.B., Ch.B.Ed., for the St. Blazey District (Cornwall); M. Tytler, M.B., Ch.B.Glas., for the Newark District (Nottinghamshire); A. W. Vaisey, M.B., B.Chir.Camb., for the Lichfield District (Staffordshire); J. Wilkinson, M.B., Ch.B.Leeds, for the Masham District (Yorkshire).

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